

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000037866

Entity Name: PALM GLADES RURAL HEALTH ASSOCIATES, INC.**Current Principal Place of Business:**217 WEST AVENUE A
BELLE GLADE, FL 33430**Current Mailing Address:**217 WEST AVENUE A
BELLE GLADE, FL 33430 US**FEI Number:** 65-0678427**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HURBS, KEITH
217 W AVE A
BELLE GLADE, FL 33430 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	HURBS, KEITH
Address	217 WEST AVE A
City-State-Zip:	BELLE GLADE FL 33430

Title	V
Name	HURBS, ANN-MARIE
Address	217 WEST AVE A
City-State-Zip:	BELLE GLADE FL 33430

Title	P
Name	HURBS, KEITH W
Address	217 WEST AVENUE A
City-State-Zip:	BELLE GLADE, FL 33430

Title	P
Name	HURBS, KEITH W
Address	217 WEST AVENUE A
City-State-Zip:	BELLE GLADE, FL 33430

Title	P
Name	HURBS, KEITH W
Address	217 WEST AVENUE A
City-State-Zip:	BELLE GLADE, FL 33430

Title	P
Name	HURBS, KEITH W
Address	217 WEST AVENUE A
City-State-Zip:	BELLE GLADE, FL 33430

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KEITH HURBS**CEO****09/20/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date